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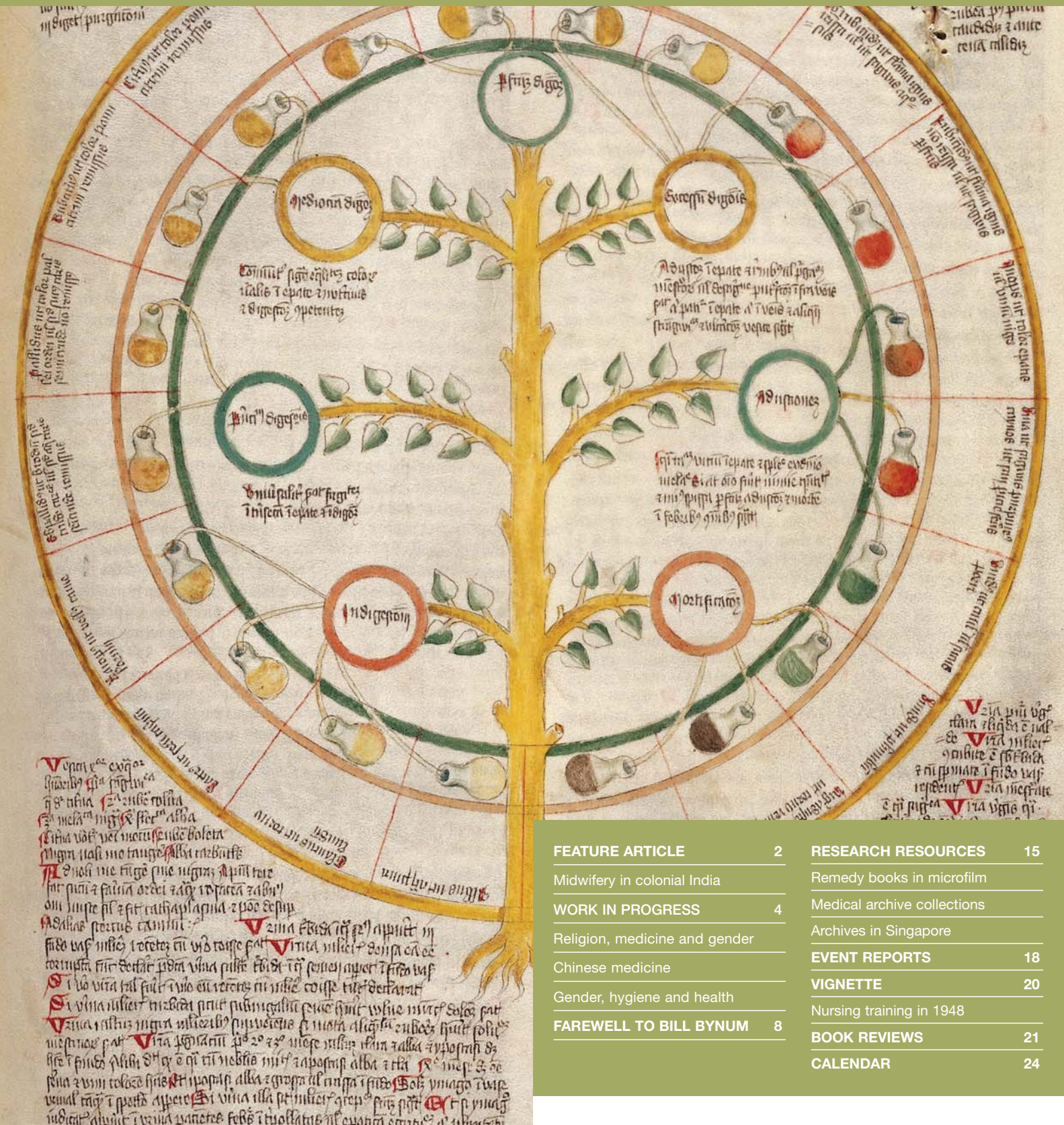
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# WellcomeHistory

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A photograph of a woman with dark hair, wearing an orange and green sari, smiling and holding a young child with dark, curly hair. The child is looking towards the camera. The background is blurred, suggesting an outdoor setting.

# Midwifery in colonial India

The role of traditional birth attendants in colonial India.

**In 1902, the first Midwives Act was passed in England to restrict practice by unlicensed midwives. In 1903 the creation of the Victoria Memorial Scholarships Fund in British India sought to restrict the practice of untrained birth attendants in India and create a category of trained midwives.**

From the beginning, the numbers of women trained were very small and the results were not encouraging, with the doctors who undertook to implement the scheme reporting gloomily on the unresponsiveness of their pupils.

The Fund had an extremely limited catchment area, since it deliberately restricted itself to the training of women who were already practising as Dais or traditional birth attendants and offered stipends as inducements for training. The scheme, which deliberately excluded women not from traditional midwife castes, bore the imprint of H H Risley, a member of the committee established to make recommendations for the Fund. Risley, as a Bengal Civilian, had written a comprehensive ethnography of the tribes and castes of greater Bengal, which included detailed accounts of customs of childbirth. As with many scholars, his knowledge was to provide certain *idées fixes*, chiefly relating to the immutability of caste-related practices. There was also political sensitivity to the question of domestic or ritual customs.

The sensitivity arose partly from an adherence to the spirit of the Proclamation of 1858, which had promised the Government would not interfere in religious matters. What constituted religious practice was a vexed question but there certainly was a close connection between caste and childbirth. Only women of the lowest castes worked as midwives, although their function was more limited

than the term suggests. Their role was more a ritual one, as they performed the highly polluting act of cutting the navel-cord and carrying away the placenta. A household where a Dai had not attended remained polluted, so that if the woman arrived after the actual birth, she was still paid a token fee.

Schemes to train traditional midwives seemed to assume a homogenous class, whereas there was a clear division of skills and status within their ranks. In more prosperous households, there might be two kinds of attendant: the more 'skilled' women who attempted to speed up or facilitate the actual labour and the cord-cutters to perform the polluting tasks that the former would refuse to do.

In rural areas, there was, in addition, a system of reciprocity where friends and relations gathered to help each other in their labour. Extremely poor women had little recourse to any aid at all. Most doctors remarked on how much easier a time of it peasant women seemed to have than the 'listless inmates of the zenanas' (referring here to both Hindu and Muslim women of the upper classes), whose inactive and secluded lives made them peculiarly vulnerable to obstructed labour. The attention of the medical establishment and of most official bodies was thus resolutely turned on the upper- and middle-class women who observed 'purdah' or seclusion, suggesting that mortality rates were higher among this section. Actually, puerperal sepsis was the single largest killer of women and infants, and poorer women were equally, if not more vulnerable.

If the level of skills of the Dais was indeed as low as the doctors' reports suggest, poor women were fortunate to go without their assistance. The better-paid Dais played a more active and, probably, more dangerous role in childbirth, while the 'cord-cutters' may have done little in terms of manipulation and intervention during labour. Dais frequently massaged the perineum and pressed points on the abdomen to speed labour. This

#### Cover:

Page from a 15th-century German medical text detailing the examination of wine.

was said to be the cause of the high incidence of uterine prolapse found among Indian women, especially those who had had several children.

A doctor reported to the Victoria Memorial Scholarships Fund that normal cases were comparatively safe from the intervention of the Dai as they were often over before her arrival. In cases of delayed labour, interference could result in fetal arms pulled off, rupture of the uterus, lacerated cervix and perineum and applications that resulted in partial or complete atresia of the vagina. The third stage of labour was speeded by the Dais massaging the patient's abdomen, sometimes after making her stand up against the wall, till the placenta came away. Dais were also said to frequently attempt to remove the placenta manually.

Under the influence of ideas of the Enlightenment, the notion of Nature being allowed to take its course had dominated European obstetrics since the 18th century. Consequently, with the development of technology to alleviate complications of labour, there was a simultaneous move towards less intervention in deliveries. Thus, the bulk of the criticism levelled at the Dais' practices dwelt not so much on their inability to assist in a crisis of labour as on their 'meddlesome' and violent methods. From this point of view, it was most important to train the very women who were 'skilled' or interventionist and whose clientele included the women seen as peculiarly vulnerable.

### The notion of Nature being allowed to take its course had dominated European obstetrics since the 18th century.

The training of Dais, as with the establishment of Purdah Hospitals (another peculiar occurrence in colonial medicine in South Asia), was concentrated in northern and eastern India. In South India, the relative readiness of Indian women to train as nurses and midwives as well as the rarer observance of seclusion made the issue less pressing. Training schemes for Dais had been attempted by missionaries for many years, especially in the Punjab, Sind and Utter Pradesh, before they received official recognition. Some of them had been remarkably successful, with the work of Miss Hewlett in the Punjab in the 1870s being frequently cited.

It had proved difficult to replicate the success of the missionary schemes. The medical establishment in Bengal was, for instance, consistently pessimistic about any experiments in Dai training. The doctors who wrote the history of women's medical work in India attributed the failure of any such work in this province to the pervasive spirit of scepticism among the medical men who were in overall charge. Apart from the mutual distrust between doctors and Dais, there was a paucity of clinical material because of the small number of women confined in hospitals. Both patients and Dais objected to maternity cases being handled by male doctors.

Despite the failure of most previous schemes, however, the Victoria Memorial Scholarships Fund hoped it would succeed by drawing on the growing pool of medical women who worked in India after the establishment of the Dufferin Fund in 1885. The early reports of the VMSF were not encouraging but by the 1920s, some success was cited in parts of India, notably in the receptive territories of Punjab and Sind.

### Most of the doctors reported the unwillingness of Dais to attend any training classes

In her paper, 'Is the Indigenous Dai worth training?', Dr K M Bose from the Punjab emphasised the importance of the Dai as a part of the traditional village community. It was this, she argued, that made it important to win her cooperation. Why, in fact, was this cooperation so difficult to procure? Most of the doctors reported the unwillingness of Dais to attend any training classes and their even fiercer resistance to any attempts at supervision. The famed recalcitrance of the traditional Dai sprang, as the doctors reported, from her invariable illiteracy and inability to comprehend alien ideas such as asepsis. It is also possible that it was that very location in the community that proved inimical.

Dr James Wise, the Civil Surgeon of Dacca, described in his reports to the Medical Department a peculiar institution called the Mohalla system. Every Dai claimed to have a monopoly of confinements in her particular neighbourhood. Some even produced old documents (from precolonial authorities) to bolster their claims, which were generally accepted by other Dais and by the families who patronised them. Any interlopers were deeply resented and attempts to introduce trained midwives could be seen as encroachment. In villages, it was not unusual for prosperous households to make land grants to a Dai's family, which would then confer the monopoly of midwifery to the latter. This was related to the ritual role of the Dais and could also be by way of a reward for the delivery, for instance, of a male heir. This meant that there was very little incentive to join training classes, although some medical women attempted to train the young daughters of Dais in recognition of the hereditary nature of the trade.

By the 1920s, midwifery became a matter of contention within nationalist politics. Poor conditions of childbirth had been used to depict Indian society as backward-looking, most famously in *Mother India* by Katherine Mayo. Nationalist politicians took up the cause in the various local bodies established under the reforms of 1919. Although the Victoria Memorial Scholarships Fund survives to this day (under a new name), the role of Dais continued to be more ritual than 'medical' and served to fill the gap left by the inadequacy of medical services. Indeed, replacing the Dai altogether has proved an elusive goal to this day.

Dr Supriya Guha (E supriya\_4102@yahoo.com)

# A grand enterprise: Religion, medicine and gender in southern India, 1819–1960

**JOHN PAUL**

**The aim of this project is to investigate the role of John Scudder (1793–1855) and his descendants in the development of a healthcare delivery system in rural southern India.**

John Scudder and his descendants' commitment to transplanting the evolving US therapeutic and technological advancements was largely responsible for bringing relief to millions of people, who had been shut out from the purported benefits of colonial medicine.

Responding to a desperate appeal for help from the American Board of Commissioners for Foreign Mission in 1819, John Scudder abandoned his lucrative practice in New York City and left for Ceylon (now Sri Lanka) as the first medical missionary. He later moved to southern India and continued his work of itinerant preaching, curing and training. John and Harriett Scudder had 13 children, nine of whom (seven sons and two daughters) emulated their parents' example.

Ida Sophia Scudder (1870–1960), the granddaughter of John Scudder, was born in India but her childhood memories of the horrors of the 1876 famine and her parents' modest existence made her determined never to become a missionary. Instead, she fulfilled her dream of completing her education at the Northfield Seminary and attending Wellesley College in Massachusetts. Returning to India in 1891, however, she was confronted with the distressing needs of Indian women in childbirth who due to prejudice or neglect had been deprived of medical help.

In 1900, Ida Scudder began her one-bed dispensary in Vellore, southern India. From this point on, she never stopped healing, teaching, recruiting and building. 'Dr Ida', as she became known, pursued three interrelated goals: (1) establishing a hospital that freely treated women and children; (2) providing relief through her roadside clinics to villagers who had no access to a hospital; and (3) training Indian women as compounders, nurses and physicians.

Forging strategic alliances with like-minded women activists and philanthropists in the West, she ultimately realised all of her aims. For instance, the Union Missionary Medical School for Women, conceived originally amid male scepticism as an experiment in interdenominational enterprise in 1918, became part of a consortium of colleges that provided training for women in China, India and Japan. By 1960 when she died, the vastly upgraded and coordinated

operations of her institutions drew international notice as a premier centre in South Asia.

During the last two decades, several scholars have contributed to a vibrant discussion on the development of modern medicine in India, relating particularly to women. Their research has shown that a greater number of women experienced generally high levels of morbidity and mortality than men, and that the colonial state had neither the inclination nor adequate resources to address women's health issues. This changed in the 1880s when a few influential British women and medical missionaries spearheaded a campaign at home and in India, eliciting empathy and support on behalf of their Indian 'sisters'.

**Ida Scudder's biographers seem to have neglected to situate her life within the larger feminist movement in the West.**

The extant literature, however, seems to overlook the experiences of women in southern India. Given the complexities of socioeconomic patterns throughout India, including gender differentials, very little is known either of the impact of the modern medicine on these women or of their professionalisation. As early as 1875, for example, British and Anglo-Indian women in southern India were the ones to obtain medical training first at the Madras Medical College under government patronage. In contrast, the medical students at Vellore came from diverse backgrounds: while most were Christian converts from lower castes, others were Hindus and Muslims; they spoke different vernaculars, followed distinct dietary habits, and demonstrated varying degrees of aptitude for learning. Encountering such a disparate group of rural women and endeavouring to educate them in the mysteries of the human body through an unfamiliar medium must have been a bewildering challenge for any Western medical woman with her own sense of racial superiority and national pride.

Ida Scudder's biographers, furthermore, seem to have neglected to situate her life within the larger feminist movement in the West, thereby failing to underscore how the earlier struggles of both secular and church women benefited her own career. A major gift to Cornell Medical School in 1899, for example, enabled her to graduate as part of the first class of women. At a later date, several ingenious strategies implemented by her friends abroad to attract donors during the Depression and World War II failed miserably, diminishing what little prospects had existed before



for upgrading her medical school's curriculum and facilities. When a few church men, faced with the uncertain future of missionary enterprise in a 'free' India, finally proposed to 'save' her institution through integration, some of her loyal supporters reacted vehemently, parting company ultimately when the medical school inevitably became coeducational in 1947.

This study, intended originally as a family history, has been expanded to incorporate the larger issues articulated by such scholars as Virginia G Drachman, Patricia R Hill, Jane Hunter, Ellen S Moore, Regina M Morantz-Sanchez, and Steven J Peitzman. Particularly useful is the work by Drachman – *Hospital with a Heart* – which addresses the broad theme of 'separation and integration' or, more aptly, 'separation and survival'. Just as Marie Zakrzewska was confronted with numerous persisting challenges related to operating her New England Hospital, so too did Ida Scudder face challenges throughout her career – whether in crusading the 'white women's burden' embodied in her medical school's mission or in legitimising her own role, and that of her colleagues, as a 'goddess' of health moving about among the hapless villagers,

or in steering to 'save' her medical school through integration as separatism became anachronistic politically and difficult economically. The parallels between the lives of these two women despite the distance of time and space are unmistakable.

Extensive research involving materials in English and Tamil found at these institutions has so far been exceedingly rewarding: the Archives of the Christian Medical College and Hospital and the Tamil Nadu State Archives (in Chennai, India), the British Library (London, UK), the Houghton Library and the Schlesinger Library at Harvard, and the Reformed Church in the USA Archives. I have also been especially fortunate to conduct interviews with two of Ida Scudder's colleagues – Dr Bernadine DeValois and Dr Carol Jameson – her niece Dr Ida B S Scudder, her biographer Dorothy Clarke Wilson and a host of others. Plans for further research include visits to the Cornell Medical School Library and Archives, the Huntington Library (New York), the Rockefeller Archives, and the Wellcome Library.

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## Chinese medicine: A visual history

**PENNY BARRETT**

**A major project that will create a visual database of the history of Chinese medicine.**

'Chinese medicine: A visual history' is a major project in course since Autumn 2003, initiated and organised by Dr Vivienne Lo of the Wellcome Trust Centre for the History of Medicine in London and Dr Wang Shumin of the Academy of Traditional Chinese Medicine in Beijing, and funded by the Wellcome Trust. The first official collaboration between the two institutions, it aims to create a unique database of the history of Chinese medicine through the visual medium of medical imagery, resulting in a collection of high scholarly value that will also be readily accessible to the general public.

The complete collection will consist of 1500 medieval and pre-modern images from the Library of the Academy of Traditional Chinese Medicine, selected from an initial catalogue prepared by Prof. Ma Jixing of the Academy. Cataloguing information and detailed commentaries on each image are being provided by a team of researchers in Beijing led by Wang Shumin. All the images will be placed in the general database of Medphoto, the open-access medical photographic library of the Wellcome Trust, within which they will also form a self-standing corpus.



Illustration has a special potential to transcend barriers of language and region, and to ease dialogue across cultures. The Library of the Academy of Traditional Chinese Medicine boasts one of the world's greatest specialised collections of early printed books and manuscripts of Chinese medicine, many of them richly illustrated. Hitherto, however, only a minority of scholars have been able to gain access to this superb visual resource. Now by making the images and catalogue freely available online, the organisers hope to bring this resource for the first time to the wide audience it deserves, and thereby to raise the profile and understanding of Asian medical traditions.

**Above right:**  
Shanjiang (*Alpinia japonica*), used to treat cold pain in the abdomen and the effects of alcohol.

The images are drawn from a very broad range of sources, embracing classical medical canons, medical encyclopaedias, pedagogical texts and the personal records of doctors and healers, as well as works of art. In selecting them, as inclusive a definition of 'medicine' as possible has deliberately been adopted. The viewer will discover, for example, the densely emblematic images of the Daoist 'Internal Alchemy' tradition, ingenious examples of information graphics in the maps of the tracts and channels, forensic charts, botanical illustrations, and lively evocations of the social context of Chinese medicine. Taken together, they bring to light a remarkable diversity within the continuity and uniformity that characterise Chinese medical illustration.

A preliminary sample of the images can already be viewed online at <http://medphoto.wellcome.ac.uk/> and can be conveniently retrieved as a group by keying 'Wang Shumin' into the 'Quick Search' box.

The online database will be complemented by two printed volumes (one in Chinese, one in English), designed to be at once academically rigorous and visually appealing, with introductions to various aspects of medical illustration written by experts in their fields. While the images can and should to some extent speak for themselves, the commissioned studies will decode the social and cultural context for a lay audience, providing a history of Chinese medicine that is both authoritative and easily assimilated. By delineating different genres in medical illustration, it will be possible to trace medical traditions that emerged in China from early imperial times and were transmitted throughout Asia and Europe during the last millennium.

**Above right:**

Duruo (*Polilla japonica*). The root and stem are used to treat conditions such as back pain and injuries from knocks and falls.



The initial phase of the project will conclude with a conference – Globalising Chinese Medicine: A Visual History – to be held on 14–16 September 2005 at the Fragrant Hills Hotel, Beijing. The purpose of the conference will extend beyond the original project's focus on pre-modern imagery to include modern medical iconography, with reference to the negotiation of tradition and modernity in 19th- and 20th-century Chinese and European medical text books, the commodification and globalisation of Chinese medical products, and the presentation of Western medical products in China. It will provide a cross-disciplinary forum for scholars to present their research and to introduce a selection of images most representative of a genre or a specific innovation in medical history, or of unique interest in themselves. Further information about the conference is available from Dr Lo ([E.v.lo@ucl.ac.uk](mailto:E.v.lo@ucl.ac.uk)).

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## Sanitising the domestic: Gender, hygiene and health in Bengal/India, 1885–1935

### **SRIRUPA PRASAD**

**In the late 19th and early years of the 20th century, the high noon of British imperialism in India, health and wellbeing were important concerns for a variety of actors, both experts and non-experts.**

Issues of health and wellbeing were extensively debated not only by qualified British and Indian male doctors, educationists, professors in medical institutions, colonial officials, and to an extent educated women, but also by lay people or 'non-authors', who wrote in novels, advisory manuals, monographs and popular magazines. The extent of this concern can be gauged from the fact that more than 600 books, periodicals, journals, pamphlets and monographs were written in

Bengali exclusively on health and hygiene during this period. These writings on personal hygiene, cleanliness, care of the sick, and moral ramifications of a clean and sanitised Bengali/Indian household captured the Hindu, middle-class, bourgeoisie-nationalist imagination from the mid-19th century.

Exploring some of the paradigms that were integral to the simultaneous imagination of the domestic household and health or wellbeing in late colonial Bengal/India, my research seeks to take a fresh look at the chronicles of the history of medicine in India. In my research I have attempted to bring together two bodies of literature: one is on the history of medicine and health in colonial India; the other is on women's and gender history that has sought to redress the invisibility of women and the politics of gender from both colonial and nationalist histories.

In recent times, the medical archives of colonial India have increasingly come to the attention of historians of medicine. From interpreting the relationship between medical knowledge and colonial power, to tracing the implications and politics of colonial public health policies, this body of literature has sought to explore the role played by medicine in the management of the empire. A more critical intervention in this literature has been to question the apparent completeness of colonial medical intervention and to throw light on the role of 'indigenous actors' such as provincial municipal bodies and local press.

A few glaring omissions, however, continue to exist in this genre of literature on health and empire in the context of colonial India. One obvious absence has been a lack of systematic analysis of texts from colonial India written in regional Indian languages, such as Bengali, Hindi or Marathi, to explore the rich world of therapeutic and medical practices in different parts of India. My research shows that a diverse array of vernacular monographs, journals, periodicals and pedagogical literature, written on a variety of topics related to health, hygiene and wellbeing, actively sought to define and extend the paradigms of medicine throughout this period.

### The 'domestic' became the ideological and practical site for Hindu middle-class 'imaginings' of the nation and the society.

If indigenous actors and social groups influenced the course of medical administration under the British, then they were also proposing and engaging with the existing traditions of therapy, health and hygiene. While clinical and allopathic medicine (especially surgery) gained increasing favour among the urban, educated middle-class elite, such emergent allegiances were still very much fraught with tensions, questions and doubts. The other omission has been a complete absence of mapping some of the shifting contours

in the 'practice' of health and medicine within the domain of the private/domestic. History of health and medicine in colonial India has predominantly been analysed from the way it was defined and practised in the public colonial-medical institutions.

My research explores the domain of practices around hygiene and health within the contours of a gendered Hindu middle-class domesticity through a critical reading of Bengali periodicals, journalistic articles, monographs, autobiographies, pedagogical essays and advertisements. By focusing on a variety of print media, I emphasise the formative role that these texts and the wider Bengali print culture played in creating and securing a certain 'hygienic-therapeutic' vocabulary that was popularised in the broader public sphere. Specifically, my work analyses discourses on hygiene and shows how ideas on wellbeing, which were aimed at defining the values and practices of a healthy 'Bengali' or 'Indian', were inextricably linked to ideologies and practices of a gendered Hindu domesticity in late colonial India.

The 'domestic', as my research shows, became the ideological and practical site for Hindu middle-class 'imaginings' of the nation and the society. In late colonial Bengal, the Bengali middle class attempted to define an ideal Indian 'domesticity' through a series of oppositions such as inside/outside, middle class/lower class, masculine/feminine, self/other, colonial/nationalist, or West/non-West. Debates on diet and nutrition, nursing, personal cleanliness, household therapies and hygienic uses of household spaces articulated these dualisms, but their boundaries remained fragile and contested in practice. The 'domestic', therefore, became the 'fulcrum' around which a wider politics of hygiene and health and, through that, organisation of social relationships were being practised in the late 19th and early 20th centuries.

Srirupa Prasad is a doctoral candidate at the University of Illinois Urbana-Champaign, USA (E [sprasad@uiuc.edu](mailto:sprasad@uiuc.edu)).

## 2005 Roy Porter Student Essay Prize Competition

The Society for the Social History of Medicine (SSHM) invites submissions to its 2005 Roy Porter Student Essay Prize Competition.

This prize will be awarded to the best original, unpublished essay in the social history of medicine submitted to the competition as judged by the SSHM's assessment panel. It is named in honour of the late Professor Roy Porter, a great teacher and a generous scholar. The competition is open to undergraduate

and postgraduate students in full- or part-time education. The winner will be awarded £500, and his or her entry may also be published in the journal, *Social History of Medicine*.

Further details and entry forms are available from the SSHM website ([www.sshm.org](http://www.sshm.org)). Alternatively, please contact David Cantor (E [competition@sshm.org](mailto:competition@sshm.org)).

**The deadline for entries is: 31 December 2005**



## Introduction

**SANJOY BHATTACHARYA**

**After a distinguished period of service to the Wellcome Trust Centre for the History of Medicine, Bill Bynum took early retirement in the autumn of 2003.**

Happily, this did not bring about an end to his relationship with the Centre, not least as he agreed to continue as a part-time member of staff during the 2003/04 academic year, so that he could complete his research projects and oversee the completion of several impressive doctoral dissertations. He still has a desk at the Centre, which will allow future generations of young scholars to interact with him and draw upon his very considerable knowledge of medical history.

Bill has been a generous and encouraging colleague, and discussions with him have always been

academically fulfilling. Interactions were generally straightforward, with little time being devoted to idle chat. It was very instructive to teach with him, and it is with some trepidation that I now find myself running the BSc course that he has made so popular among our students.

It is, therefore, my great pleasure to be able to put together a small tribute for a scholar who has supported other colleagues, while also helping shape the Wellcome Institute. His contributions in this regard are best described by a selection of academics much better placed than I to comment on these issues. However, I take this opportunity to wish Bill all the very best for the future and sincerely hope that early retirement will allow him to complete a book that innumerable historians eagerly await – *The Fevered Raj* will, after all, leave all of us much better informed about the history of malaria control in British India!

## Reflections on malaria in India

**W F BYNUM**

**Some people are born with their research topics, some achieve them, and some have them thrust upon them. Malaria was thrust upon me by my dear friend Bernardino Fantini.**

The Italians began planning for the centenary of the discovery of the mode of transmission of malaria several years before the centennial fell due, in 1998 (or, perhaps, 1997, giving it a British rather than an Italian gloss). Bernardino and Mario Coluzzi masterminded a prestigious meeting at the Lincei, which is the Italian equivalent of the Royal Society, and just as old. Its purpose was to review historical malaria studies and to catalyse further historical meetings that could culminate in another conference in 1998, also in Rome. I was very kindly invited to attend, and the opportunity of spending a couple of days in Rome was too good to resist. There was even to be a session on the second day with the Italian Minister of Science. What fun!

Of course I said yes, and arranged my travel accordingly. Unusually for an Italian meeting, about a week before, I received a programme. To my horror, I discovered that I was not just to be a pretty face there, but was one of only three speakers, the others being Bernardino and Darwin Stapleton, the director of the Rockefeller Archive Center. I spent a frantic week trying to become an instant expert on the British experience



of, and contribution to, malaria. My talk was probably just about OK, and fortunately, the papers weren't published. Besides, it's easier to talk about what ought to be done than what you've done yourself.

The session the next day with the Minister of Science went very well, so I was told (my Italian not being very good). He promised to create a series of research fellowships, to enable scholars to work on the history of this most important and fascinating disease, in preparation for the 1998 celebrations. Bernardino, Darwin and I agreed to establish a Malaria Network, and hold a series of research meetings. I returned to London full of enthusiasm for a new research topic.

**Above right:**

Bill Bynum.

The following week I learned that the Italian Government had fallen, there was a new Minister of Science, and, of course, he would be accused of having no new ideas should he merely accept his predecessor's agenda. So, the official Italian support went the way of all flesh.

Our Malaria Network survived, however, and although the newsletter didn't last long, and a list of individuals active in the field was fitfully compiled, one of the original aims of the Rome gathering was achieved. This was a series of international meetings, whereby scholars from all over the world could come together in a congenial setting and discuss the fruits of their labours. From the beginning, Professor Coluzzi, the doyen of Italian malariology, was supportive. He participated in the first meeting and opened the pages of his journal, *Parassitologia*, for our publications. Indeed, he created special historical issues, and those volumes present tangible evidence of the creative energy being devoted to the history of malaria.

Bernardino Fantini is ever strategic, and joining forces with Darwin Stapleton and me brought (in theory) advocates with the Rockefeller Foundation and the Wellcome Trust, respectively. He could hope to call upon the support of the Jeantet and the Mérieux Foundations. Our first application for a residential conference was successful, and we met in the beautiful Villa Serbelloni of the Rockefeller Foundation, in Bellagio, Italy. I shall never forget riding in the taxi from Milan airport to Bellagio with the late Mirko Grmek. It was October 1993, and he informed us that, 50 years ago to the day, he had passed through almost the same route, as an intelligence officer with the Allied Armies, pushing their way northwards through what was still Nazi-held Italy. Subsequent residential meetings were held in the Mérieux complex in Annecy, France, and in the Rockefeller Archive Center, in Tarrytown, New York (just renamed Sleepy Hollow, after Washington Irving's immortalisation). I organised a one-day symposium on malaria and war at the (then) Wellcome Institute, and Mario Coluzzi masterminded the promised meeting in Rome, this one a grand occasion in 1998, when malariologists from all over the world gathered to take stock a century after the mosquito had been implicated in the transmission of the disease.

These gatherings produced four large issues of *Parassitologia*, totalling more than 1300 double-columned pages. Bernardino and I edited the first two of these, and I like to think that this series within historical malaria studies balanced, later in my career, the initiative that Roy Porter and I had taken within the history of psychiatry, whose outcome was the three volumes of *The Anatomy of Madness* (1985–88). Like psychiatrists, malariologists are forced to confront the fundamental social dimensions of their work, and the malaria conferences were remarkable for the friendly interactions between malariologists, parasitologists, historians and anthropologists.

Organising a conference concentrates the mind about what to present, and I initially hoped to speak about the early malaria expeditions that were a prominent feature in the first decade of the Liverpool School of Tropical Medicine, founded in that *annus mirabilis* of tropical medicine, 1898. The more I read about these expeditions to Sierra Leone and elsewhere, the more aware I became of the passion that the word 'Mian Mir' engendered in British malariologists, and not least in the soul of Ronald Ross. I thus decided to see what the fuss was about, and my first substantial research paper on malaria investigated this initial experiment in using the new knowledge of mosquito transmission to guide malaria control.

Writing about this has reminded me how much malaria has meant to me professionally and personally.

Mian Mir (the military cantonment in present-day Pakistan) introduced me to a number of people who were to become my historical companions: Ronald Ross, of course, but also S R Christophers, S P James and J W W Stephens, among others. The 'failed' experiment (malaria control was not achieved, despite the knowledge and tools available at the time – 1902–10) also served as an excellent introduction to the formidable difficulties facing anyone concerned with this disease, then or now. It showed how British India was a microcosm of worldwide eradication (or control) endeavours, and how strategies that are still debated today were elaborated a century ago. Anglo-Indian malariologists worried then about allocation of scarce resources, the relative merits of horizontal and vertical programmes (they didn't use the terms), the possibility of drug-resistant parasites, and the awesome adaptability of mosquitoes to man's interventions.

In subsequent papers I explored some of these themes, as a malaria programme of sorts developed in British India through the first third of the 20th century. I also went back in time, to look more closely at Ross's ideas and career, especially through a project that I thought would be a doddle. Eli Chernin, Professor of Tropical Public Health at Harvard, had (so he said) transcribed the whole of the Ross–Manson correspondence, and I wrote references for him to edit this. His sudden death left the project unfinished, but neither his executor nor his daughter could find any tangible evidence of these transcriptions among his papers. So Caroline Overy and I started *de novo*, and the result, *The Beast in the Mosquito* (1998), was available for the centenary malaria meeting in Rome.

Writing about this has reminded me how much malaria has meant to me professionally and personally. Besides, it's given me the opportunity to contribute to the surprise that Sanjoy has arranged for me. I love surprises.

## About Bill Bynum:

**HAL COOK**

Bill is a reader, the sort of reflective person who is becoming increasingly rare in the modern world. Of course he writes and speaks, too, but his reading has always been voracious; and because of this, he also cares deeply about getting words and ideas straight. His love of the theatre, his concern to unite the history of the mind with the history of the body, and his love of direct quotation are all a part of this appreciation for language. It is no doubt due to this that he has been a sharp but supportive critic who tries to get to the bottom of things.

Perhaps it is therefore his comments in seminars and symposia, his apt remarks on papers and books and his quick ability to see the point of an argument that made him such a significant intellectual presence in the former Wellcome Institute during the period when the field of the history of medicine was becoming professionalised in the UK. At the same time, he was always willing to take seriously the contributions to knowledge made by anyone, not only those with high academic rank. Bill therefore had a very formative effect on the field, especially in helping to keep it free of cant and its publications open to anyone who had the energy and talent to convey the past to the present. At the top of his game – which was most of the time – Bill had a way of discerning the targets of the arrows flying about and of deflecting them when they seemed aimed at persons rather than subjects, especially in the case of younger people, which enabled many to grow into able scholars now more than capable of defending themselves. It is, then, for his truly significant and positive efforts on behalf of so many, and for his nourishing of the spirit of intelligent discourse, that he is remembered so fondly by so many.

**ANDREW SCULL**

I still vividly recall my first encounter with Bill Bynum, nearly three decades ago. Late in 1976, I arrived in London for a postdoctoral year designed to transform me from one of Bill's least favourite people, a sociologist, into a reasonable facsimile of a medical historian. We had corresponded, but never met, and I entered an office at University College London (UCL), where a bearded Texan lurked, almost submerged by piles of books that stretched in every direction but especially upward, threatening at any moment to topple over and bury the two of us. It was the start of a firm friendship that has endured now for more than a quarter-century: I, a Brit transplanted to America and



Given Bill's appreciation for quotation and for the full range of the human experience, he was interested to hear about the following from the internet, which was read to him at his leaving party. It came from an organisation called the 'Recruitment Connection', which advertised itself as "a specialist financial recruitment company [with] over thirteen years' experience of the industry". On one of their pages, they cited a study by Robert Briner, lecturer in occupational psychology at Birkbeck College, about people who spend a great deal of time arranging the objects on their desks to ensure that they are 'just right' before they start work. They are, according to Dr Briner, neither lazy nor sick, but the victims of negative avoidance syndrome. To summarise the conclusion: 'a tidy desk equals a negative mind'.

While Bill sometimes does not, and did not, reply to emails and letters in a timely fashion, it is fair to say that we have clear evidence that he does not suffer from negative avoidance syndrome (see above). No, he retired not only with suitable honours and plaudits, but with a healthy mind.

We all hope that in due course his sound mind brings added pleasure and enlightenment to himself, and further results from his pen.

Hal Cook is Director of the Wellcome Trust Centre for the History of Medicine at University College London.

now thoroughly deracinated; and Bill, a naturalised Englishman whose love for cricket and the English stage has become the stuff of legend.

In those days, the medical history unit was a small subdepartment located in the perhaps appropriate environs of the Anatomy Department at UCL. By the time I returned a few years later for another year-long sabbatical, the whole enterprise had moved to the far grander Wellcome Building on Euston Road, with large, somewhat old-fashioned offices, and the riches of one of the world's greatest libraries for the history of medicine down the hallway. Here was what appeared to be a scholarly paradise.

### Above right:

Bill's desk: "clear evidence that he does not suffer from negative avoidance syndrome".



Nor were appearances entirely deceptive. For a whole generation of scholars, the then Wellcome Institute became a virtual home-from-home: a welcoming (forgive the terrible pun) environment where it appeared that virtually the entire medical-historical universe gathered to work, talk and engage with one another. At its centre, coordinating and prompting, stimulating and stirring up sometimes sharp debate, was the inimitable Dr W F Bynum, bow-tie a trifle askew, office dominated by piles of papers, and by books, books, books (with a chessboard hidden off in a corner).

It is no accident that medical historians scattered across several continents recall these years, the period between the late 1970s and the mid-1990s, as something of a golden age for the Institute and for the field. Bill, as many who know him will ruefully testify, does not suffer fools gladly, and is, shall we say, capable of the odd waspish or impolitic remark. But he is someone equally blessed with a talent for drawing people together, for creating an environment where arguments are productive and intellectually stimulating, for (despite the appearance of disorder in his office) making an organisation work at a human level in ways that stimulate creative intellectual endeavours. It was the bi-weekly seminars he ran in the early 1980s with Roy Porter and Michael Shepherd, for instance, that did much to institutionalise the emerging discipline of the

history of psychiatry, and to attract a whole generation of young scholars to a field that has since fizzed with intellectual excitement. And I mean no disrespect to the memories of two people whom I was fortunate enough to count as my friends when I make a point I think they would have been glad to acknowledge: that it was Bill's hard work behind the scenes that was most responsible for the extraordinary intellectual feast we all enjoyed.

It was Bill's extraordinary erudition, his interest in such a huge range of medical-historical subjects, and the generosity with which he shared his time and knowledge that made the Wellcome such a valued and valuable place in those years; that and his ability to attract and lead a talented staff of academics. The Wellcome Institute is no more. Though many contributed to its flowering, I shall always associate the place with the person who led its academic unit for the largest portion of its existence, and to whose hard work and dedication so much of its success was due. Now we have moved into a new era, with the Institute transformed into a research centre and linked closely, once more, to UCL. Let us hope that the new enterprise will emulate, in years to come, the enormous achievements of its predecessor, achievements Bill Bynum did so much to nurture.

Andrew Scull is Professor of Sociology at the University of California, San Diego, USA.

## MARK HARRISON

Like many historians of medicine, my first encounter with Bill Bynum was during his long tenure as Director of the History of Medicine Unit at UCL. I arrived at the unit as a postdoctoral fellow and was about to embark on a research project on medicine in the British Army – a subject that Bill had induced me to consider. Then, as now, the unit was a Mecca for young scholars. Bill had assembled a group of highly talented researchers and charismatic teachers, whose work had transformed the history of medicine into a highly respected subdiscipline of history. The unit was justly famed for its vibrant academic seminars and symposia, as well as for its social life.

Part of Bill's genius as Director was to bring together the wide-ranging scholarship of members of the unit in series of major scholarly projects. The fruits of these endeavours – such as the *Anatomy of Madness* volumes, the *Encyclopedia of the History of Medicine*, the *Western Medical Tradition* – are now landmarks of scholarship and essential reading for seasoned researchers and newcomers alike. Through his editorship of these and numerous other collections of essays, and of the journal *Medical History*, Bill became a guiding light in the history of medicine through the 1980s and 1990s.



Nevertheless, he wrote a number of fine articles on an astonishingly wide range of topics within the history of medicine. The late Roy Porter once told me that he thought Bill's knowledge of the subject was without parallel, and I have yet to meet anyone with such a thorough knowledge of the history of modern medicine as Bill. The depth and breadth of Bill's knowledge will be evident to anyone who has read his book, *Science and the Practice of Medicine during the Nineteenth Century* (1994), which combines lucidity with formidable scholarship. Unsurprisingly, this book has become required reading for all students of the history of medicine, and is read with admiration and pleasure by more senior scholars.

Yet I do feel that some of Bill's work – particularly his earliest work – has failed to receive the attention it deserves. His Cambridge PhD thesis, 'Time's Noblest Offspring', was one of the first systematic studies of the natural history of humankind in the decades before Darwin's *On the Origin of Species*. Although the thesis

**Above right:** His onerous directorial responsibilities meant that Bill did not have time for large research projects of his own.

has had a formative influence on subsequent scholarship, some historians have not sufficiently acknowledged their debts to it.

Indeed, there is scarcely a subject in the history of medicine since 1700 – or its related sciences – that Bill has not touched upon in his writing or teaching. He has made important contributions to areas as diverse as the history of psychiatry and tropical medicine, and seems equally at ease when writing about the 18th, 19th and 20th centuries. It would be difficult to write an article without citing a book or article that Bill has written or edited. But, like many younger scholars who passed through UCL during his period as Director, Bill's

### JANET BROWNE

Bill was always a phenomenal bookman. Press any button, mention any topic, and out would come a useful reference, often accompanied by the words "I picked it up for \$4 in Abilene". Nowadays perhaps the book might come from deepest Suffolk, and cost considerably more, but the sentiment remains the same. His love for books is one of the things we remember and appreciate about him – his love and his knowledge, for Bill is very well-read and possesses an excellent memory.

His first degree was in English literature, followed a few years later by medicine at Yale. This made the days very gregarious. Certainly, for the first few years of my life at the Wellcome, like several others, I shared my room with part of his book overflow and it was always a good opportunity to catch up on the theatre when he ambled in to get something. A great deal of important business was frequently done this way too. A 30-second discussion while collecting a book was much more his line than formal committees.

Bill's Texan background gave an interesting edge to the London centre. He liked to look after his flock, and personally spotted and brought many of its members into the field, including Roy Porter, whom he enticed away from Cambridge by convincing him that he really could become a historian of medicine. He and Roy became an extraordinary publishing team. My own experience working with them on the *Dictionary for the*

contribution to our development as scholars was a more personal one. We shall always be indebted to his friendly encouragement, and his sound advice and criticism.

All of us miss Bill's genial presence at what is now the Wellcome Trust Centre for the History of Medicine, but it is fortunate that he continues to be involved in the history of medicine through his editorship of the *Dictionary of Medical Biography*, in which many of us are involved as contributors. We wish him well in this venture and in his retirement.

Mark Harrison is Director of the Wellcome Unit for the History of Medicine at Oxford.



*History of Science* was fun – or at least, putting it another way, it did not go on for too long. We would edit contributions early every morning until 09.45 when the tea trolley would visit the landing in 183 Euston Road heralding the real day's start and – for Bill – the chance to light his pipe and think chess.

Rosemary Foster of Macmillan put a lot of thought into publicity for that book, including a humorous slide-show of us three (and a Christmas tree, I seem to remember) and kept in touch long afterwards, as did many of his publishing friends. Bill's commitment to the dissemination of learning via dictionaries and encyclopaedias was always profound. For many of us, in fact, Bill represented what a professor should be – the encyclopaedic stores of learning, Dickensian red braces, the Post-it chess games, statistical chat about cricket, barbed wit, and lasting, genuine affection for his friends and students, warmly returned in these pages.

Janet Browne is at the Wellcome Trust Centre for the History of Medicine at UCL.

### DIANA MANUEL

My personal debt to Professor Bill Bynum is enormous and extends back to the 1970s when, as head of the history of medicine in UCL, he generously took me under his wing and helped me shape my PhD thesis, on which I had been working largely alone.

I was at the time a weekly commuter between London and Durham, and whenever possible attended the

history of medicine seminars, work-in-progress sessions and symposia as well as my PhD supervisions. I loved Bill's office – a veritable Aladdin's cave of books, journals, papers and theses on shelves, chairs, the floor, window-sills and desk, in fact on any and every surface. There was on his desk chair always a pile of student and other work awaiting his attention. Sally Bragg, who worked for Bill at the time, would lift my work to the top of the pile, knowing when I was coming from Durham for a supervision, and give Bill timely reminders.

**Above right:**  
Janet Browne  
with bust of  
Charles Darwin.

Bill's marginal comments, though often not immediately decipherable, were succinct and always immensely helpful. During the preparation of my books his guidance has been invaluable.

Professor Bynum certainly attracted a sparkling array of globally established as well as young scholars to the department for study and the presentation of their work. He provided an intellectually stimulating and supportive environment for PhD students, postdocs and others, and greatly enhanced the standing and reputation of the history of medicine in UCL.

On a lighter but enjoyably important networking note, Bill Bynum's Christmas 'At Home' parties were for many the 'must be there' event of their day. They were brilliantly hosted by Bill, with or without his festive twinkling, luminous bow-tie.

It is fitting that BBC Radio 4 turned to Bill for comment on the latest, recently revised edition of *Gray's Anatomy*. May Bill himself and his contributions to the history of medicine also enjoy a long and lasting reputation.

Diana E Manuel is at the Wellcome Trust Centre for the History of Medicine at UCL.

## Research and medical practice in the late 19th century: Thomas Whiteside Hime

**MICHAEL WORBOYS**

Bill Bynum has published across an impressively wide range of subjects in the history of medicine; however, one of his core interests has been the changing relations between science and medicine in the 19th century. Another central interest has been books: visitors to his office could not fail to notice that Bill is a bibliophile, with a keen interest in medical texts and their authors. Indeed, among the talks that he had to mug up to provide the missing paper at many a Wellcome symposium, he often featured little-known but important writers and editors who did not enjoy fame and honour, but who published important or emblematic works; for example, I remember a revealing discourse on the gestation, nature and impact of *Quain's Dictionary of Medicine*.

These desultory reflections on various Bynumisms serve to introduce the life and work of Thomas Whiteside Hime, a doctor-cum-medical scientist who remains little known, but who published important works and whose career is revealing of medicine-science relations in the late Victorian era. Hime's was the kind of life in medicine that Bill enjoys and tells so well himself; I trust he will enjoy my foray into this genre.

Hime was born in County Wicklow, Ireland, in 1844. He trained at Dublin and Edinburgh, then worked in Paris, Heidelberg and Munich. He entered general practice in Sheffield and worked at the Jessop Hospital for Women. He came to national attention in 1875 when he translated and introduced to English-speaking audiences *Pettenkofer's Cholera: How to resist and prevent it*.

This marked a shift in his work towards public health and, in 1878, he was appointed Medical Officer of Health (MOH) in Sheffield in controversial circumstances. The Council had refused to renew the contract of the incumbent, Dr Griffith, due to his 'energetic' work and sought a replacement at half the old salary. The BMA and Society of Medical Officers of Health complained bitterly, but Hime took the post. There was an irony in



this as eight years later he suffered the same fate in Bradford. He had moved from Sheffield in 1882 and made an immediate impression with his vigorous approach to the role.

In 1884 he published a guide to public health legislation for Medical Officers of Health and Nuisance Inspectors, known as the 'Handy Guide to Sanitary Law', which was reprinted in 1901. He also found time for further translations, contributing James Israel's work on actinomycetes to William Watson Cheyne's seminal collection of works on germs, mostly drawn from the Koch school, *Micro-organisms and Disease* in 1886. Interestingly, there was seemingly no conflict in Hime facilitating the dissemination of such supposed antagonists as Pettenkofer and Koch: indeed, he championed the latter's tuberculin in the early 1890s and was in Hamburg in 1892 where he defended Pettenkofer's views on cholera.

In 1886 Hime's activities gained national attention when, after a mad-dog incident in Bradford, he took four adults and five children to Louis Pasteur in Paris for the new rabies treatment – the first large party to be taken by a medical officer. It is the Bradford children, along with Russian peasants, that are featured in the famous drawing of Pasteur's patients published in the *Graphic* (see illustration above).

On his return, Hime pursued his own experiments but eventually these were halted: first when he was bitten in

**Above right:**

The *Graphic* illustration depicting Hime's trip to Paris. Image courtesy of author



the laboratory and had to return to Paris to be treated himself; and then when antivivisectionists revealed that he did not have a licence for animal experimentation. However, his two visits to Pasteur gave him the experience and authority to lecture on antirabies treatment in Edinburgh, to the Epidemiological Society in London and to the Society of Medical Officers of Health (he was chair of the North-West Branch). Yet Hime's days as MOH in Bradford were numbered. His contract was not renewed following unsubstantiated allegations about irregularities with his expenses, including those from his visits to Paris. However, it was widely believed that he lost his job because of his repeated attacks on property owners and his calls for increased council spending on public health. There is some evidence too that antivivisectionists had a hand in his demise. A memorial signed by the town's medical practitioners and 3000 ratepayers could not save him.

Hime spent the remainder of his career as a ship's doctor and GP. He continued to be active on a number of fronts: for example, he published on anthrax and organised the production of calf lymph for vaccination

in Bradford to counter resistance to humanised lymph. He maintained his interest in public health and was a regular correspondent to the medical press on many issues: for example, he gave evidence to the Royal Commission on the Feeble Minded. He retired to Sheffield and died in 1920. His obituary in the journal *Public Health* noted that he was a genius and genial, always doing good works rather than thinking about his career advancement. Hime's life and work exemplify those of a number of British doctors of his generation who tried to introduce new methods and ideas in medicine and public health, but whose efforts were thwarted by lack of opportunities, hostility to laboratory practices, the opposition of local and central state authorities, and by the uncertainties of the new procedures and ideas. In Hime's case this was also despite the fact that he had been in contact with many of the right people, in the right places, at the right times.

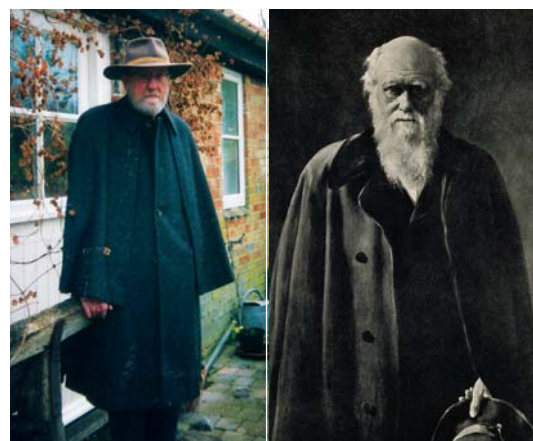
Michael Worboys is Director of the Wellcome Unit for the History of Medicine at Manchester.

## Bynum evolves

**MICHAEL NEVE, CAROLINE OVERY AND SHARON MESSENGER**

One of many characteristics that Bill has, which sometimes passes unnoticed, is that, rather unfashionably, he has heroes. Some of his other characteristics – an extraordinary capacity for listening to seminar papers and then asking the perfect question – can only be recalled by those who knew him personally. But his relationship with his heroes is equally striking. His heroes come in many forms: a Middlesex cricketer, Judi Dench as Lady Macbeth in a legendary production of Shakespeare's play or a triumphant PhD student. But one stands at the peak of the mountain: it would be no exaggeration to say that Bill's extraordinary journey from Abilene, Texas, to a rural retreat on the Suffolk–Norfolk border can best be understood through his profound and carefully pondered admiration of Charles Darwin.

Now, of course, unlike Darwin, who had the private money to do practically whatever he liked, Bill's journey has been tougher, but nonetheless he qualified in medicine and then gave up medicine. He wrote a PhD thesis that focused on nothing less than the origins of humankind, in the age before Darwin himself; like Darwin he spent time at the University of Cambridge; like Darwin, but for much longer, he lived and worked in London very near where Darwin had lived on Gower Street; and perhaps most strikingly he has found peace and happiness – and privacy – in the English countryside. And very much like Darwin, Bill enjoys the companionship of animals: Darwin had his beloved dog, Polly, just as Bill has his equally beloved flock of ducks.



At the heart of this heroic sense of Darwin is not only Bill's breadth of reading but also his overcoming of the more extreme forms of Christianity. His has been a genuinely secular journey but one where he never lost sight of the complexities of the relationship between science and religion, and the power of both. And of course in those words from Hamlet, he knew that "the apparel oft proclaims the man". For at various stages in that journey Bill discarded the cowboy boots and the stetson hat and could be seen wearing a trilby, smoking a pipe (sometimes filled with Texan green cigar tobacco), and donning a cloak. Over the years his research assistants have observed his fascination with Darwin and see distinct similarities with the man himself.

It is entirely fitting that soon the academic world will have a new edition (edited with his long-time colleague Janet Browne) of the very book that is at the heart of Bill's life: *On the Origin of Species*.

Michael Neve, Caroline Overy and Sharon Messenger are at the Wellcome Trust Centre for the History of Medicine, UCL.

**Above right:**  
Separated at birth? Bill Bynum (left) and his hero, Charles Darwin.

# Women and Medicine: Remedy Books, 1533–1865

**RICHARD ASPIN**

Among the best-known and most frequently consulted items in the Wellcome Library's collections are the lay remedy books held in the Western Manuscripts series. Beginning with the recipe collection of Anne de Croy, Princesse de Chimay, dated 1533 (MS.222), they document domestic medical knowledge and practice in Western Europe over more than 300 years, with a particular concentration on England in the later 17th and 18th centuries.

They range from high-quality productions like Anne Dacre's collection of 1606, apparently written out for presentation to her daughter-in-law, Alatheia, Countess of Arundel, on the occasion of her marriage (MS.213), to homely jottings scribbled from the prescriptions of the visiting apothecary or culled from old books in the family library. Occasionally they illuminate the lives of significant historical figures, such as Lady Anne Fanshawe (1625–1680), wife of the royalist diplomat and poet, Sir Richard Fanshawe, whose recipe book (MS.7113) complements the better-known description of her life presented in her published memoirs. More often the remedy books are the products of individuals and families about whom nothing else is known. All contribute to the emerging picture of early modern society as suffused with an insatiable and promiscuous appetite for cures, nostrums, kitchen secrets and medical tips, which were increasingly likely to be recorded and circulated in written form.

The Wellcome Library has recently made 247 of these books available for filming for a micropublication, *Women and Medicine: Remedy Books, 1533–1865*, issued by Primary Source Microfilm ([www.galegroup.com/psm/index.htm](http://www.galegroup.com/psm/index.htm)). The publication runs to 35 reels of film, each with a copy of the introduction by Dr Sara Pennell. Catalogue data is not included but it is easy to access this via the Wellcome Library's website (<http://archives.wellcome.ac.uk>). The title is somewhat economical with the truth: many of the items include not only remedies but also cookery recipes and indeed household receipts of many kinds; moreover not all the books can be assuredly assigned a female authorship, and indeed the gendering of this genre of manuscript is increasingly seen as problematical, however attractive it appears as a marketing tool. These are, however, mere quibbles. The great achievement of the project is to hold out an alternative means of access to a large quantity of useful primary research material, albeit mediated through a



commercial publisher, especially to a North American readership. A secondary benefit accrues from the ready availability of microfilm facsimiles in the Wellcome Library itself, when original documents are withdrawn for conservation or exhibition.

Rather like many of the recipe compilations themselves, the filming of the books in manuscript number order gives the effect of a tumbling helter-skelter ride through the collection: an 18th-century English remedy book might be followed by a 16th-century *arzneibuch*, and then an early Victorian lady's scrapbook of cookery recipes. This presents a challenge to the searcher, especially if he or she is without access to the catalogue, and probably means that institutional buyers will have a simple choice between purchasing all 35 reels or none at all.

The overwhelming majority of items are in English and date from the 17th and 18th centuries. This was a period that witnessed a remarkable flowering of recipe gathering and recording in England, activities associated not only with the perpetual search for health and wellbeing, but also with aspirations concerning household management, with family and neighbourly relationships and the exchange of secret or privileged knowledge, with memory and the memorialisation of ancestors and other figures of authority, and ultimately with the sheer compulsion to write down and record information of value in an increasingly literate society. The material thus provides a rich hunting ground for medical, social and cultural historians, students of epistemology, literacy and language, herbalists and folklorists.

Dr Richard Aspin is Head of Archives and Manuscripts at the Wellcome Library.

Above and  
below:  
Lady Fanshawe's  
recipe book.



# Medical archive collections

**JAMES PETERS AND ELIZABETH GOW**

The John Rylands University Library of Manchester's magnificent collection of printed medical works dating back to the Renaissance is well known, but its archive collections have received less attention, due in part to their uncatalogued state. In September 2004, we published online catalogues of these collections on our website to remedy this situation.

Our collection of medical archives has been acquired over many decades, and is a rich and important resource for the study of the medical history of the Greater Manchester region since the mid-18th century. The collections have considerable potential for broader interdisciplinary social, economic, cultural and intellectual histories of a city that was in the forefront of modern industrial development and home to a leading university medical school and several nationally important hospitals.

Since September 2002 a project team has been at work arranging and cataloguing many thousands of archival documents and published works. The archives include institutional collections and private papers of Manchester-based medical practitioners. Nearly every aspect of medical practice and research is covered in some way. The collections are particularly strong for local professional medical associations and for information on individual medical practitioners.

Our core collection, and one which appears unique in terms of its coverage, is the Manchester Medical Collection. This was the creation of Ernest Bosdin Leech (1875–1950), a physician at the Manchester Royal Infirmary and an enthusiastic medical historian. Leech intended his collection to document all aspects of medical history in the Manchester area. He donated the collection to the University Library in 1934. Most of the material dates approximately to Leech's period as an active collector, roughly from the 1890s to the 1940s, although new material has been added subsequently where appropriate.

Leech collected before the existence of proper archive repositories, seeing his work as a high-minded exercise in the salvage of at-risk documents and records. As a well-connected member of the local medical elite, he was able to acquire material from both individuals and organisations. Leech did not only collect material, but also contributed his own notes drawn from a wide range of published and unpublished sources to bring together a remarkable body of knowledge. He and his collaborators acquired over 10 000 published items by Manchester doctors, dating from the early 19th century onwards. He also acquired core records such as annual reports of

all the main Manchester hospitals, professional medical associations and medical charities.

The project team has also catalogued the independent archives of several local medical associations, including the Manchester Medical Society, which has enjoyed a close relationship with the University since 1874. The Society's archive is a source of considerable importance for the development of the medical profession in Manchester from the mid-Victorian period onwards. In addition to the MMS archive, we have catalogued the complementary collections of the Manchester Paediatric Club, the Manchester Pathological Society, the Manchester Surgical Society, the Manchester Clinical Society, the Therapeutic Society and the North Western branch of the Society of Medical Officers of Health.



Personal papers of Manchester doctors are also a significant component of our collections. Two are of particular importance: the papers of the orthopaedic surgeon, Sir Harry Platt (1886–1986), and of the neurosurgeon, Sir Geoffrey Jefferson (1886–1961). These two individuals, along with Sir John Stopford, the anatomist and vice-chancellor of the University of Manchester, formed a remarkably influential triumvirate in the Manchester medical community in the first half of the 20th century.

Platt and Jefferson, who had worked together in Manchester during their early careers, were both famed as pioneers in their respective fields. They both made important contributions to clinical practice – as can be seen in the eponymous Putti–Platt operation and Jefferson's Fracture. However, what was perhaps more significant was the role they played in the development of surgical specialisms in the 1930s. For example, Platt is famed for establishing the first fracture clinic in England.

We hope in future to develop these collections through new acquisitions, and to use the success of this project to encourage other archive repositories in the local area to develop their collections.

James Peters and Elizabeth Gow are at the John Rylands University Library of Manchester (<http://rylibweb.man.ac.uk/spcoll/>).

## Above right:

Image from the archives of the John Rylands University Library, Manchester.

Image courtesy of the John Rylands University Library.



# Archival materials in Singapore

**KAI KHIUN LIEW**

In Singapore the collection of pre-1942 documents of hospitals, medical halls and dispensaries remains scant as most were destroyed during World War II. Nonetheless, a substantial volume of materials stored in the libraries of the National University of Singapore (NUS) and the National Archives of Singapore (NAS) is available.

The NUS libraries have purchased and microfilmed almost the entire collection of official documents on British Malaya and Singapore from the British Public Records Office (PRO). But the more interesting aspects lie in the materials that have survived the war.

In the Singapore/Malaysian collection of the NUS Central and Medical Libraries, original copies of special reports compiled from the late 1890s on various medical topics by medical specialists commissioned by the British colonial administration can be found, ranging from malaria and hookworm to maternal health and nutrition.

Perhaps the most invaluable collection of the NUS library is that of the voluminous, although incomplete set of journals of the Malayan Branch of the British Medical Association. The papers in the journals not only provide interesting insights into the health conditions in South-east Asia, but also represent currents in medical enquiry. Some of these materials are increasingly torn and tattered, so many are placed into the Rare Books and Closed Stacks collections.

Aside from primary materials, there is a huge stock of reasonable-quality unpublished dissertations from Honours to PhD levels, written since the early 1950s on

subjects touching on history of medicine in the region. Another asset is the newspapers collections comprising clippings on health-related issues since the 1950s.

These libraries are well equipped with a sophisticated, integrated online search engine. The libraries are comfortable environments to work in, and librarians are helpful. Open every day from 08.30 until 22.00, except on Sunday, for most of the year, the NUS libraries are accessible to all students and staff of the university. Those outside the campus would have to apply for a corporate membership to use the facilities.

For those interested in a more contemporary past, the NAS has a rich store of oral history recordings on cassette tapes on the theme of the development of modern medicine in post-1945 Singapore. The languages of these recordings are mostly English and Mandarin – transcripts are available upon request. In addition, these recordings are well classified and catalogued both online and in print.

The NAS also has a rich collection of photographs on health-related institutions and histories, and collections of documents deposited by health-based organisations in the republic. These include the Singapore Association for Tuberculosis and venerable Chinese medical charities like the Thong Chai Medical Hall established in the colony since the 19th century. Although the more recent government records remain closed, there are some materials recently opened to the public, for example the correspondence between the Ministry of Labour and industries relating to occupational health and safety during the 1960s and 1970s.

Kai Khiun Liew is a doctoral student at the Wellcome Trust Centre for the History of Medicine, UCL.

## Wellcome Trust Centre at UCL

### VISITORS AND EVENTS

Visitors to the Wellcome Trust Centre for the History of Medicine at University College from December 2004 through February 2005 have included:

**Dr Floriano Cesar** (Universidade São Judas Tadeu, São Paulo, Brazil), Political medicine in the 14th century.

**Prof. Janet McCalman** (University of Melbourne), A social history of the underclass in Australia. Janet will also work on preparing digitised courses teaching history of medicine to medical students using museum artefacts.

### ACADEMIC PROGRAMME

**13–14 April Symposium:** Law, Ethics and the Historical Display of Human Remains

**5 May Porter Lecture:** America, Britain and the War of the Bard (Simon Schama)

**20 May Metamorphosis and Identity:** Medicine and corporality in the early modern German-speaking world

Details are available on the Wellcome Trust Centre's website ([www.ucl.ac.uk/histmed](http://www.ucl.ac.uk/histmed)).

# Ayurveda: Modern and global identities

**DAGMAR BENNER**

In July 2004 the Dharam Hinduja Institute of Indic Research (DHIIR), based at the Faculty of Divinity, University of Cambridge, hosted its 8th International Conference. The conference considered the history and development of modern and global Ayurveda within the framework of a larger project, the Indic Health and Medicine Research Programme (IHMRP), which has been the focus of DHIIR research since October 2000.

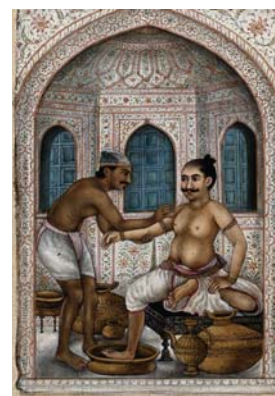
To this end, an international network of scholars, practitioners and experts presented their research at the conference. Their presentations offered a wide range of perspectives on modern and global Ayurveda, showing how its many aspects may be interpreted differently through historical and textual analysis, anthropological and sociopolitical methodologies, or biomedical and pharmacological paradigms – and how these divergent approaches may be reconciled.

On the first day, Prof. Mike Saks (Lincoln University) gave the opening lecture on plural medicine and East–West dialogue, situating the discourse on the practice of Ayurveda in the UK within the wider context of a dichotomy between orthodox biomedicine and complementary and alternative medicine (CAM). Maarten Bode (Amsterdam University) talked about ayurveda as a critique on the inroads of Westernisation. He gave examples of how the Ayurvedic pharmaceutical industry uses images of a stereotyped nostalgic past, together with the paraphernalia of modern science, to market their pharmaceutical products, presenting them as simultaneously rooted in the Indian traditions and in cutting-edge science.

Jan Meulenbeld (Groningen University) gave a detailed textual analysis of the varying interpretations of the Sanskrit term *ojas* in vedic and Ayurvedic literature. The morning session concluded with Dominik Wujastyk's talk on the evolution of Indian government policy on Ayurveda in the 20th century.

The afternoon session papers included one by Dagmar Benner (DHIIR) entitled 'The medical ethics of professionalised Ayurveda in India', which traced the historical processes shaping the professional ethics of modern Ayurveda. Harish Naraindas (Delhi University) spoke on gestational diabetes, afternoon sleep and morning tea. His talk reflected on the differences between the two knowledge systems of Ayurveda and biomedicine, the gap between lay and expert knowledge and notions of authority and decision-making.

Timothy Walker's (Boston University) talk was on the Portuguese dissemination of drugs and healing techniques from South Asia on four continents, 1670–1830. Prof. Fred Smith (Iowa University) gave



an outline of the theory and practice of mental healthcare in Ayurveda. The afternoon session concluded with discussion groups, which gave the speakers and the audience opportunity for more in-depth consideration of various aspects of modern and global Ayurveda.

On the second day Dr Unnikrishnan (Foundation for the Revitalisation of Local Health Traditions) gave an overview of the FRLHT's work on the categorisation of plants used in both the codified and folk medical traditions of India. Prof. Bala Manyam (Texas A&M University) presented his project related to the development of an anti-Parkinson drug using herbal substances mentioned in a medieval ayurvedic text. Sebastian Pole (PukkaHerbs) focused on the legal frameworks for herbal drug production and trade, and on the challenges these issues create for the ayurvedic community.

The afternoon session was opened by Manasi Tirodkar (University of Chicago), who presented her work on the cultural authenticity in contemporary ayurvedic medical practice. According to Ms Tirodkar's research material, over the last decade urban Indians have experienced a sense of cultural loss due to globalisation, and are seeking to regain their cultural identity by utilising indigenous practices such as Ayurveda. Madhulika Banerjee's paper, 'The pharmaceuticalisation of ayurveda', warned about the consequences of an industrial focus on ayurvedic pharmaceutical production, which can lead to the neglect, if not the eradication, of the defining characteristics of ayurvedic medicine itself (paper read by Dr Wujastyk in Dr Banerjee's absence).

The conference ended with a plenary question-and-answer session and a summary of the day's talks and discussions. The DHIIR has subsequently received much positive and stimulating feedback on this event.

Following on from the DHIIR workshop and conference, an edited volume, *Pluralism and Paradigms in Modern and Global Ayurveda*, is in preparation.

Dagmar Benner was attached to the Dharam Hinduja Institute of Indic Research, Cambridge.

**Above right:**

A ghulam, or bath attendant, providing Ayurvedic procedures to his customer.

## International Conference on the History of Suicide

The History of Health and Medicine Unit at McMaster University is delighted to announce an international conference on the history of suicide to be held in Hamilton, Ontario, Canada, on 11–13 May 2006.

For further information, contact:

Dr David Wright, Hannah Chair in the History of Medicine, McMaster University, Health Sciences Centre, Room 3N10, 1200 Main Street West, Hamilton, Ontario L8N 3Z5, Canada; **T** (905) 525 9140 ext. 22752; **F** (416) 522 9509; **E** [dwright@mcmaster.ca](mailto:dwright@mcmaster.ca)



## Molecular biology and institutional identity

**INDIRA CHOWDHURY**

This exhibition of photographs, documents and oral history interviews at the National Centre for Biological Sciences (NCBS), Bangalore, held in August 2004, was the first exhibition of the Tata Institute of Fundamental Research (TIFR) Archives.

The ambience of the exhibition space resonated with sound recordings from historical speeches of Homi Bhabha, Jawaharlal Nehru, J R D Tata, and selections from recent interviews with scientists who worked at the TIFR.

Established in 1945 by Homi Bhabha, the TIFR was identified with nuclear physics and higher mathematics. The Institute had no place for the life sciences until 1962. Obaid Siddiqi, who started the molecular biology group, was keen to return to India after finishing postdoctoral work at Philadelphia. He had earlier done his PhD with Guido Pontecorvo in Glasgow. But as the minutes of the 62nd meeting of the Physics Faculty testify, few actually approved of biology at TIFR. An extract from an interview by J V Kotwal, then Deputy Registrar, reveals Bhabha's authoritative and somewhat flamboyant style of institution-building: "After everybody had had their say, Dr Bhabha said – the words are still ringing in my ears – 'Gentlemen, I have decided to take Siddiqi and start research in molecular biology'."

The exhibition focused on the initial lack of suitable laboratory space and funds, the low visibility of the group in the early days, as well as the slow process of purchasing equipment and starting experiments. From 1964 onwards, the group initiated the process of training students in the field through courses that brought international biologists such as Franklin Stahl, Robert

Pritchard, Hildegaard Lamfrom and Sidney Brenner to Bombay. That apart, local collaboration saw the birth of the annual Mahabaleshwar course in modern biology.

Research within the group ranged from replication and transfer of bacterial genetics, glycolysis, coordination of transcription, translation and degradation of mRNA and biogenesis of ribosomes to brain hexokinase and tumour virology. The open-mindedness of the group was matched by experiments with diverse model systems. Two events in the 1970s changed this: Siddiqi's move into neurobiology from molecular genetics, and Brenner's advice to build a single focus around the fruit fly – *Drosophila melanogaster*.

The next decade saw the surfacing of the idea of an independent TIFR centre for biological sciences – a project initiated by Obaid Siddiqi. Members of NCBS began work at TIFR, Bombay, in the late 1980s, moved to the Indian Institute of Science campus in Bangalore in 1990 and, finally, into the present premises in 1998.

The contrast between the brisk beginnings of the molecular biology group at TIFR and the slow, laborious process of building a state-of-the-art biology institute, underlines the cumbersome decision-making processes of centralised government machinery, and fierce and fretful battles over land at the local level. The exhibition included an interactive 'Memory Board'. Recollection of origins invokes nostalgia that is perceived as being especially out of place in a scientific institution, but memories, perhaps, hold the key to revitalising institutional histories and transforming them.

Professor Indira Chowdhury is at the TIFR Archives, Oral History Project, National Centre for Biological Sciences, UAS, GKVK, Old Bellary Road, Bangalore 560065, India ([E indira@ncbs.res.in](mailto:E_indira@ncbs.res.in)).

**Above right:**  
'The Drunkard's  
Children. Suicide  
of daughter,' by  
G Cruickshank, 1848.



## General nursing training in 1948

**HEATHER DIXON**

The National Health Service came into being on 5 July 1948 and, by chance, within a week I was on my way to start my nursing training at the Preliminary Training School of St Thomas' Hospital at the Manor House on the outskirts of Godalming, Surrey.

Forty of us, all women (minimum age of 19), arrived on the appointed day forming a group, known as a 'set'. By the evening we had been issued with our uniforms, made to measure from precise details 'to be completed by a qualified tailor', and shown how to construct our caps. We were taught basic ward-cleaning methods. From that first day it was impressed upon us that every patient must be treated as if they were guests in one's own home.

It was a week or so before we were allowed near patients. We were taken in groups to visit the annexe of the main hospital, which was then occupying army huts at Hydestyle, a few miles from Godalming. Our preliminary training lasted three months, and a whole philosophy of patient care was conveyed during this time.

When I started my training the salary was £55 for the first year. So it was assumed that one's family would subsidise this. Our uniform was provided, as well as board and lodging, but of course we were of little use as nurses to begin with, and only gradually were we given increasing responsibility. Within the year, however, the authorities must have realised that recruitment would become difficult if a reasonable salary were not offered, and our pay leapt to £350 a year.

In the 'block' system of teaching, student nurses were away from ward duties for six weeks each year and concentrated on the theoretical side of nursing, attending lectures and practical demonstrations, to prepare for hospital and state examinations. The '9 to 5' routine with every weekend off duty was a refreshing change from the ward routine (in the ward at 07.30 and off at 20.00, with three hours off duty at some time during the day, and one-and-a-half days off each week). We worked a 48-hour week, calculated as time actually in the ward, excluding all meal and coffee breaks. Night duty (none during the first year of training) entailed ten nights on duty, then four nights off, which would be for a three-month period.

Each ward of 30 beds was staffed at night by three student nurses: the night sister and her deputy could be called in any emergency and there were student doctors 'on call'. It was nevertheless a great responsibility for 20-23 year-olds to be in charge of so many patients. The senior nurse would be expected to learn the names



and diagnoses of all 30 patients on her first night, and be ready to report on each when the night sister did her round. No drugs or medication could be given to a patient without a doctor's written prescription; all injections, pills and medicines had to be written in the drug book and witnessed by another nurse.

Almost no equipment was disposable, so all syringes and needles, for example, had to be boiled and kept in sterile solutions in the ward. Gauze dressings were folded in the wards, packed into drums and sent to be 'autoclaved' – high-temperature sterilisation.

Student nurses were allocated to wards and departments to ensure that their training was comprehensive – medical, surgical, children, accident, theatre, outpatients, gynaecological, plastic surgery. Every procedure correctly completed was entered on one's record chart. We were instructed, in both theory and practice, to prepare us for the national examinations (State Registered Nurse), taken after three years of training. St Thomas', however, did not consider this represented a sufficiently high standard for the nurse to be awarded a hospital certificate with the badge of the Nightingale Training School, and for this a fourth year of training was demanded.

St Thomas' had suffered nine major direct hits by bombs during World War II – no patients were killed but there were casualties among nursing and medical staff. Large parts of the hospital were destroyed and extensive repairs were still being carried out in 1948. It was an exciting time: the first 'open-heart' operation at the hospital, everyone aware of the significance of the happy outcome of a procedure that is almost routine today, the introduction of new antibiotics and much else.

We were so well looked after as student nurses; the home sisters were always kind and helpful, and my years of training were among the happiest of my life.

Heather Dixon (née Spittle) lives in Cambridge (E h.b.f.dixon@bioc.cam.ac.uk).

**Above right:**  
A student nurse  
on the hospital  
terrace at St  
Thomas' Hospital.

# Conjugal Love in India: Ratisastra and Ratiramana

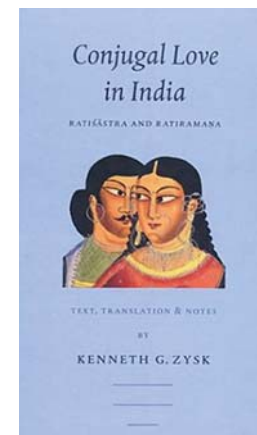
KUMKUM ROY

Erotic texts that find space within the Sanskritic tradition have often attracted attention for a variety of obvious and not so obvious reasons. As happens often enough, the book under review is burdened with a somewhat misleadingly ambitious title.

In fact, Zysk's concern is with two lesser-known texts within this tradition, the *Ratisastra* and the *Ratiramana*, both of which have been edited, published and partially translated earlier. Zysk's contribution is to provide us with carefully edited and annotated versions of both texts on the basis of these earlier works (manuscripts have evidently proved elusive), as well as with a complete translation. The exercise also includes a painstaking search for antecedents, a listing of variants and a detailed account of how individual verses have been cobbled together. The critical apparatus that is put into place has the potential for opening up further lines of investigation.

Equally valuable is the attempt to contextualise these texts. Zysk works through explicit and implicit cross-references to other texts to date the *Ratisastra* to c. 1600 CE, and the *Ratiramana* as a later composition. The different strands of the Sanskritic tradition that are interwoven in these texts are carefully disentangled. Zysk suggests that at least four different traditions were tapped: that of the *Kamasutra*, representing the codification of the erotic tradition; the *Samudrikasatra*, dealing with interpretations of physiognomy; the *Dharmasatra*, representing the codification of social norms; and the *Vaidyasatra* or medicinal science.

While this in itself is a useful insight, there are at least two ways in which the argument could have been developed further. Existing traditions seem to be both drawn on and reworked in the creation of the new *sastra*. For instance, both the *Ratisastra* and the *Ratiramana* seem to be preoccupied with procreation within the marital context. This, in a sense, marks a deviation from the *Kamasutra*, where the focus is far more on pleasure than on procreation. Such variations, if investigated, could have enriched the present exercise. Second, the four traditions that are tapped are heterogeneous; a heterogeneity that shows up in the texts that are under consideration. Probing these diversities and how they are accommodated – if not integrated – could have opened up possibilities of a different level of critical analysis. Another area that remains relatively unexplored is that of the audience of the texts. Zysk briefly hints at their use as manuals by Brahmins and diviners (p. 30), but one wishes that this question had been explored more fully.



The author documents the relationship between the two texts with meticulous care, tracing parallels, divergences and recording variations in sequence. While this is useful, I was not quite convinced with the stylistic distinction he suggests between the *Ratisastra*, which, he argues, is in the *itihasa* mode, as opposed to the *Ratiramana*, which, he suggests, is in the *sastric* mode. A reading of the texts indicates that there are far more similarities than divergences, with an overarching dialogic framework providing a strong stylistic resemblance.

Turning to the translation, it is clear that Zysk is preoccupied with providing as literal a rendering as possible, with virtually no concession to readability. This in itself is unexceptionable, sound scholarly procedure. However, there are some translations that jar, some that seem not quite apt, and others that are inaccurate. For instance, the term *hrsta-pustanga* is translated as 'his limbs are jolly and plump' (e.g. *Ratisastra* 25), *dakini* as 'female imp' (e.g. *Ratisastra* 109), and *yogini* as 'witch' (e.g. *Ratisastra* 110). Also, the phrase 'Listen up!' to render *srnu* (e.g. *Ratisastra* 164), which occurs with dreary regularity throughout the text, is somewhat infelicitous.

More problematic is the rendering of *candalini* as 'woman of mixed caste' (e.g. *Ratisastra* 150), and *sudra* as 'serf' (*Ratisastra* 153). And curiously, the term *sarva varna* (literally all the *varnas*) gets translated as 'scheduled castes' (*Ratisastra* 195), a term that has very distinctive connotations. Also incongruous is the rendition of *dhana-dhanya* as 'capital and grain' (e.g. *Ratiramana* 7.38) and I would hesitate to describe *Prakrti* as 'Mother Nature' (*Ratiramana* 2.2). It is also surprising that there are numerous typographical errors. To cite a few instances, we find 'loose' instead of 'lose' with remarkable consistency (see, for example, p. 208), 'expect' instead of 'except' (p. 223) and the 'Persian wheel' becoming the 'Person wheel' (p. 197).

In spite of these stumbling blocks, Zysk succeeds in capturing and conveying the richness of the textual

tradition that he documents. One only wishes that he had allowed for an exploration of the contradictions that emerge within the text(s). For instance, classifying the time of menstruation using different grids such as the lunar calendar, the seven-day week, months and the positions of asterisms, and working out possible auspicious/inauspicious dates could have produced contradictory interpretations. And, at a more general level, the differences in the treatment of female and male physiognomy in the Ratiramana could have been opened up to a gendered analysis. One hopes that these – and other – lines of investigation will be followed up in future.

At a more general level, the author tends to slip into the assumption that the Brahmanical is synonymous with Hindu, and the latter in turn with Indian. This is a gross oversimplification of the rich and diverse traditions that constitute existence, erotic or otherwise, in the subcontinent.

Zysk K G. *Conjugal Love in India: Ratisastra and Ratiramana*. Text, Translation and Notes. Leiden: Brill; 2002.

Dr Kumkum Roy is Reader in History at the Centre for Historical Studies, Jawaharlal Nehru University, India.

## ‘Being’ Charles Darwin

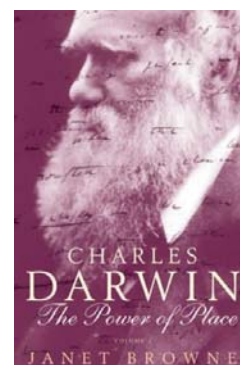
**NAMRATA GANNERI**

As I held the biography of Charles Darwin in my hands, a plethora of ideas and images flooded my mind. Bearing Darwin’s remarkably familiar photograph – his characteristic flowing, grey ‘scholarly’ beard and sunken eyes – I wondered if this publication sought to uncover the saga of the making of a genius, the father of the theory of evolution. This volume is an intimate account of the life of one of the most outstanding thinkers of his day.

Browne’s refreshingly written biography is a journey into the world of scientific discovery and reveals the laboured efforts that went into making Darwin’s words into something of an axiomatic truth. Controversial when they burst on the scene in Victorian England, Darwin’s theories have continued to baffle, and people, to this day, engage with his ideas.

For the father of evolutionary biology, science was not a profession but a passion, deeply imbricated with his own existence, consuming all of his life and his time, his zeal punctuated only by his persistent poor health. His house was turned into a laboratory, friends and acquaintances were forever asked to contribute data and specimens, his children’s photographs used for a study on facial expressions.

Darwin’s eclecticism led him to investigate some unconventional bodies of evidence. He made countless enquiries of animal breeders, both farmers and hobbyists like pigeon fanciers, trying to understand how they made distinct breeds of animals. His genius lay in creating information and scientific knowledge out of the vast array of facts that his own as well as others’ investigations had lined up. Darwin incredibly created a new method, a new philosophy of science – his invigorating ideas getting refracted into several realms. His magnum opus, *On the Origin of Species*, best reflects these unfailing endeavours.



It is well known that the theory of natural selection was first introduced in scientific circles as that co-authored by Darwin and Alfred Russel Wallace, an independent young researcher. While it is rather conceptually primitive to hunt for the ‘origins’ of the idea of evolution, the elision of Wallace as a co-discoverer, Browne hints, is, perhaps, due to the developments in his personal life and career. This edging out of Wallace makes one contemplate if it is relevant to ask a new question: whether Wallace, brought up in penury and outside the elite circles of academia as against the ‘privileged’ Darwin, can be considered representative of his time?

It may be difficult to ascertain how many ideas of the Darwinian schema were freely circulating in those times and which of these were crystallised by Darwin, but, as Browne demonstrates, leading thinkers and men (and women) of letters – Tennyson, Max Muller, George Eliot, Karl Marx – engaged with his ideas. It was actually the book, and how the theory was subsequently engineered into the public domain, that made Darwin the cult figure as we know him today. What may come as a surprise to the reader, in this account, is the surreptitious campaign initiated by Darwin himself in foregrounding *On the Origin of*



*Species* in the 19th century. The book was published, first copies were carefully chosen and distributed, the book publicly defended, chains of correspondence created, favourable reviews reprinted, criticisms carefully compiled and reactions measured. His cause was helped no less by his social tentacles, which spread into English society, and several who took up cudgels on his behalf. Browne carefully unwraps the layers of mystique surrounding the relationships that this reclusive genius shared with his scientist 'friends' – Thomas Huxley ('Darwin's bulldog'), Charles Lyell the geologist, Joseph Hooker the botanist, and Asa Gray, the vanguard of Darwinism in America.

Darwin's entourage and his devotees played a part in shepherding 'selection' and 'evolution' out from the arcane world of classroom journals and scientific establishments, into the general vocabulary of the time. Their cause was helped by the numerous caricaturists and cartoonists, tickled by the question 'Is man descended from the ape?', for whom the tree, the ape and bearded Darwin became the dominant motifs as well as subjects. These powerful visual statements did much to transplant Darwinism and its provocative questions into popular imagination.

In an imaginatively titled chapter, 'Darwin in the Drawing Room', Browne discusses Darwin's celebrity status and his presence in the public sphere. His fame and the creation of the public persona through photographs and limited public appearances resonate

throughout this biography. *Charles Darwin: The power of place* peels out quite a few of the layers around the iconic Darwin. Darwin's ideas more than anything else shook the pillars of Christian belief (his own renunciation being hotly debated even today) and therefore Browne does well to include the voice of his wife, Emma Darwin, and the conflicts that she faced as a result of her husband's beliefs, and his denunciation of the divine Will.

In telling a story there are bound to be varied ideas on what should have been included and what should not. This book shies away from probing into the implications of Darwin's anthropomorphism, his interventions into the raging public debates about contraception, or the evolution of races. Browne points out that there are many Darwins (p. 571) and there are bound to be many stories. Well, to me, this book definitively tells the story of Darwin the investigator and explorer. So just dive into the excellently produced biography, savour the narrative, photographs and caricatures as you effortlessly journey into the 19th century discovering Charles Darwin fiddling with natural history, writing, evolving...

Browne J. *Charles Darwin: The power of place*. Vol. 2. London: Jonathan Cape; 2002. ISBN 0 22404 212 2

Namrata Ganneri is a doctoral scholar at the Centre for Historical Studies, Jawaharlal Nehru University, New Delhi, India (E [namrataganneri@hotmail.com](mailto:namrataganneri@hotmail.com)).

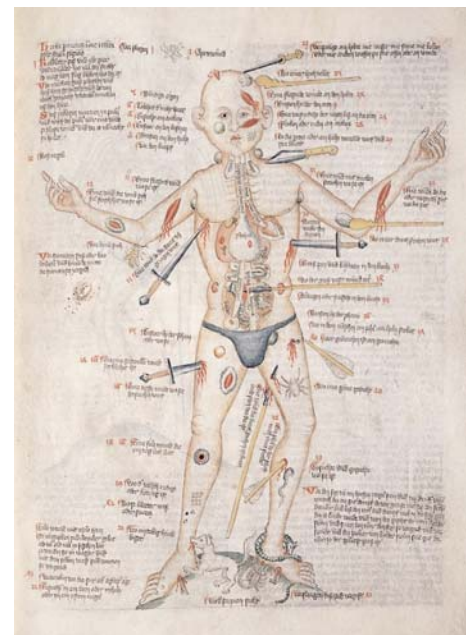
## Turning the Pages

A beautiful manuscript, viewable through the innovative 'Turning the Pages' technology, provides a fascinating insight into medieval medicine.

Selected pages from three of the most striking works from the Wellcome Library for the History and Understanding of Medicine will soon be viewable through the innovative 'Turning the Pages' technology developed by the British Library.

The technology creates digital versions of books and manuscripts that can be leafed through by a drag of a computer mouse. Particular areas of a page can be magnified for closer study and each page can be annotated with explanatory content.

The three Wellcome publications converted are a beautifully illustrated 15th-century medical text from Germany, a 16th-century Indian astrological work from the Wellcome Library's celebrated Oriental Collections, and Robert Willan's landmark *On Cutaneous Diseases*, published in 1808.



**Above right:**  
An example of  
'woundman', a  
memory aid used to  
indicate typical injuries.

From the end of April, the works will be viewable on the Wellcome Library's website (<http://library.wellcome.ac.uk>) and in a kiosk within the Wellcome Library itself, which is currently based in 210 Euston Road, London.

# Calendar of events

TO ADD AN EVENT TO THE CALENDAR PAGE, PLEASE SEND DETAILS TO THE EDITOR, [sanjoy.bhattacharya@ucl.ac.uk](mailto:sanjoy.bhattacharya@ucl.ac.uk)

## APRIL 2005

- 16–17 **Sex Education of the Young: A Cultural History**  
University of Durham  
Contact: Lutz Sauerteig ([E l.d.sauerteig@durham.ac.uk](mailto:E.l.d.sauerteig@durham.ac.uk))

## MAY 2005

- 5 **The Roy Porter Lecture: America, Britain and the War of the Bard (Professor Simon Schama)**  
Lecture Theatre 1, The Cruciform Building, Gower Street, London, 17.30  
Contact: Sally Bragg ([E s.bragg@ucl.ac.uk](mailto:E.s.bragg@ucl.ac.uk))

## JULY 2005

- 11–15 **Ways of Making and Knowing: The Material Culture of Empirical Knowledge**  
Several locations in London  
Contact: Carol Bowen ([E c.bowen@ucl.ac.uk](mailto:E.c.bowen@ucl.ac.uk))  
[www.ucl.ac.uk/histmed/events.html](http://www.ucl.ac.uk/histmed/events.html)

## SEPTEMBER 2005

- 1–4 **21st Congress of the British Society for the History of Medicine**  
Institute of Arab and Islamic Studies, University of Exeter  
Contact: Claire Keyte ([E cfmh@exeter.ac.uk](mailto:E.cfmh@exeter.ac.uk))
- 7–10 **Cultural History of Health and Beyond**  
Joint conference of the Society for the Social History of Medicine and the European Association for the History of Medicine and Health  
Ministère de la Recherche, Paris, France  
Contact: Patrice Bordelais ([E bordela@ehss.fr](mailto:E.bordela@ehss.fr))
- 15–16 **Hybrids and Partnerships: Comparing the Histories of Indigenous Medicine in Southern Africa and South Asia**  
Osler McGovern Centre, Oxford  
Contact: wuhmo@wuhmo.ox.ac.uk
- 15–18 **6th International Symposium on the History of Anaesthesia**  
Queens' College, Cambridge  
Contact: Dr Neil Adams ([E adams118@keme.co.uk](mailto:E.adams118@keme.co.uk))

## MAY 2006

- 11–13 **International Conference on the History of Suicide**  
McMaster University, Hamilton, Canada  
Contact: Dr David Wright ([E dwright@mcmaster.ca](mailto:E.dwright@mcmaster.ca))

## JUNE 2006

- 28–30 **Practices and Representations of Health: Historical perspectives**  
Contact: Robert Arnott ([E R.G.Arnott@bham.ac.uk](mailto:E.R.G.Arnott@bham.ac.uk))

## APRIL 2007

- 18–21 **The History of Work, Environment and Health**  
Contact: Robert Arnott ([E R.G.Arnott@bham.ac.uk](mailto:E.R.G.Arnott@bham.ac.uk))

For a fuller listing of lectures, seminars, conferences and other events relating to the history of medicine, visit <http://medhist.ac.uk/events>

## WellcomeHistory

### Submit

The next issue of *Wellcome History* is due out in summer 2005. Please send your contributions to the Editor, Sanjoy Bhattacharya (details below). Guidelines for contributors are available at [www.wellcome.ac.uk/wellcomehistory](http://www.wellcome.ac.uk/wellcomehistory)

Preferably, contributions should be pasted into an email and sent to the Editor ([E sanjoy.bhattacharya@ucl.ac.uk](mailto:E.sanjoy.bhattacharya@ucl.ac.uk)).

**Copy deadline for summer 2005 issue:**  
30 April 2005

**Dr Sanjoy Bhattacharya**  
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